

EXHIBIT AO

CSO-1139A (8-15)

ARIZONA DEPARTMENT OF CHILD SAFETY

PROGRESS REPORT

CONTRACTOR Buwalda Psychological Services	REPORTING PERIOD (MM/YY) 09/19	REPORT TYPE <input checked="" type="checkbox"/> Monthly Report <input type="checkbox"/> Discontinuation of Services for DCS: <input checked="" type="checkbox"/> Counseling <input type="checkbox"/> Day Support Services
CASE NAME (Last, First, M.I.) Kahraman, Jessica	CASE ID NO.	AUTHORIZATION PERIOD Expires 10/16/2019
REFERRED BY / TITLE Madison Bell/Case Manager	PHONE NO. 602-771-0460	DEPARTMENT Central

APPOINTMENT SUMMARY

Participant's Name (First, Last) and ID No.	Scheduled Appointment Date and Time	Missed Appointments*			Type of Session**	No. of Sessions to Date
		NS	CC	TC		
Kahraman, Jessica PID#:	09/04/19 3-4:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Individual Counseling	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 17
Kahraman, Jessica PID#:	09/11/19	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Therapist cancelled due to court	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> *
Kahraman, Jessica PID#:	09/18/19 3-4:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Individual Counseling	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 18
Kahraman, Jessica PID#:	09/25/19 3-4:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Individual Counseling	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 19
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

*NS = No-show, CC = Client cancelled, TC = Therapist cancelled. **I = Individual, F = Family, G = Group

Progress (or lack of) toward goals as related to the service/treatment plan (please include symptoms and progress related to underlying trauma):
 09/04/19: Ms. Kahraman arrived for session. Therapist checked in with her and she indicated she was doing ok. Therapist advised Ms. Kahraman her case manager is not satisfied with meeting her goals. Therapist and Ms. Kahraman continued to discuss and process her goals throughout the session. Subsequently, Ms. Kahraman said she met the foster parents at the genetic appointment, and how she and her husband feel some comfort in meeting the people who are caring for her children. She also stated the foster father is Muslim, and shares many of the same beliefs as her and her husband and she processed some of these beliefs with the therapist. Ms. Kahraman had indicated previously her concerns with not knowing much about how her sons are doing, and therapist suggested asking the case manager and visitation supervisors if it is possible to start a journal between foster parents and Ms. and Mr. Kahraman, which Ms. Kahraman said she would inquire about. Ms. Kahraman was open and engaging in session and open to feedback. Therapist used supportive therapy and psychoeducation this session.

09/18/19: Ms. Kahraman arrived for session. Therapist checked in with Ms. Kahraman, and she stated she is doing ok. Therapist advised Ms. Kahraman a reauthorization request was submitted to her case manager, and her case manager wanted the treatment plan changed to the original goals. Therapist advised her case manager was emailed the previous "general" goals, which were thought to be approved back in May. Therapist explained to Ms. Kahraman again the reason for the extension request, and therapist would continue with her and review her case and medical records. Ms. Kahraman indicated she understood. Therapist used supportive therapy, and Ms. Kahraman was engaging in session.

09/25/19: Ms. Kahraman arrived for session, she said she was doing ok. She talked with therapist about her visit with her sons on Monday, and she said they meet with Dr. Mega tomorrow. Ms. Kahraman shared a concern she had about her sons recently being in an automobile accident with the visit supervisor. She said she was concerned due to she was not told about the accident, she said she did not believe her sons were hurt. Therapist continued to process with Ms. Kahraman how she is handling the stress of DCS involvement. She stated she is doing her best to care of herself such as doing yoga and meditation, and she added her husband keeps busy. Therapist used supportive therapy and some psychoeducation this session. Ms. Kahraman was open and engaging in session.

EXHIBIT 45

BELL
8-23-74 MFB

KAHRAMAN000451

CONTRACTOR - Page 2

Buwalda Psychological ServicesREPORTING PERIOD
09/19

Changes in the client and family information:

Other significant client and family information:

Ms. Kahraman will identify at least 3 ways in which, medical neglect impacts children, and at least 3 methods to resolve.

- Child can suffer physical decline, delays and/or regression in motor development and strength

- Child can suffer mental delays/decline, and/or suffer learning disabilities

- Child can suffer emotionally, such as depression and feeling of worthlessness, detachment, shame

- Keep accurate records/educate self in order to be informed at doctor appts.

- Open communication with providers.

- Met with dietician, design meal plan to provide meals ,which meet and/or exceed her children's needs

- Integrate self-care, have outlets for stress relief and joy, strong support system, attend to own health needs physically and mentally.

Ms. Kahraman will identify at least 3 methods for self-esteem improvement, at least 3 new ways of being assertive, 3 possible maladaptive personality traits, and at least 3 new social skills.

- Participation in self-esteem support group

- Educating herself on many topics

- Exercise

- Ms. Kahraman is clear in communication what she needs and/or wants

- Ms. Kahraman is able to state and/or communicate what she wants and/or needs in a calm and non-hostile manner

- Ms. Kahraman demonstrates she is open and honest, and willing to share openly

- Ms. Kahraman acknowledged she has a tendency to take on too many tasks

- Ms. Kahraman acknowledged she may not always ask for help/support

- Ms. Kahraman acknowledged her belief she thought she always had to fix everything

- Being open and engaging

- Being positive and optimistic

- Being able to compromise

Ms. Kahraman will identify at least 3 methods, which facilitate bonding/attachment between herself and her children.

- Spend a lot of time with her children, she and her husband make it a priority

- Play with her children on the floor with toys such as Legos, and interacting with them

- Involve her children in certain decision-making processes involving activities/making charts

CONTRACTOR(S) - Page 3 Buwalda Psychological Services	REPORTING PERIOD 09/19
-----------------------------------------------------------------	----------------------------------

-Notice what her children love and learn as much as she can about it

Ms. Kahraman will identify at least 3 methods of coping in a healthy manner, in dealing with the removal of her children.

- Doing yoga/going to the gym
- Talking to her husband/other supports
- Reading

Ms. Kahraman will identify and make reasonable efforts to make the behavioral changes needed to achieve reunification.

-Ms. Kahraman has participated in all of her therapy sessions and engaged in all sessions and always open to feedback. She has participated in the following classes:

- Mastering Your Emotions, Mesa Public Schools Parent University, 6 hours;
- Parenting With Love & Logic (7+ year olds), Love & Logic Institute, 3 hours;
- Promoting Secure Attachment, Child Crisis Arizona, 2 hours;
- Child Development, Child Crisis Arizona, 2 hours;
- Parenting Through Adverse Childhood Experiences, Child Crisis AZ, 2 hours;
- Parenting the Love & Logic Way, Child Crisis Arizona, 12 hours;
- Positive Discipline and Guidance, Child Crisis Arizona, 2 hours;
- Raising Emotionally Intelligent Children, Child Crisis Arizona, 2 hours;
- Understanding Temperament, Child Crisis Arizona, 2 hours
- Raging Rhinos, Child Crisis Arizona, 6 hours
- Adverse Childhood Experiences, Child Crisis Arizona, 2 hours

Review and update of service/treatment plan, including type and frequency of therapy and changes in the service/treatment plan:

Request for reauthorization extension was sent to the CM on 09/18/2019.

Therapeutic areas of concern:

Recommendations / comments:

Ms. Kahraman appears to be taking steps to develop and grow, and willing to learn as much as she can in order to bring her sons back into her care.

Reason(s) for discontinuation of service(s), if applicable:

NAME OF SERVICE PROVIDER (Please print) Kelly Rodriguez, Psy.D.	LICENSE / TITLE Psy.D., Therapist
--------------------------------------------------------------------	--------------------------------------

PROVIDER/THERAPIST'S SIGNATURE (Original signature required)

Kelly Rodriguez, Psy.D., LSP

DATE 09/29/19

INSTRUCTIONS

KAHRAMAN008453

CONTRACTOR (B) - Page 4

Buwalda Psychological Services

REPORTING PERIOD
09/19**A. PURPOSE:**

1. To report and document the provisions of ADCS counseling and/or day support services for eligible clients;
2. To facilitate planning;
3. To document discontinuation of counseling and/or day support services and reason(s) for this action.

B. COMPLETION: This form is completed monthly by the contract provider/therapist for each client receiving ADCS-funded counseling services and/or ADCS-funded day support services.

C. ITEM EXPLANATIONS:

1. **REASONS FOR MISSED APPOINTMENTS:** Indicate by category (NS = No-show, CC = Client cancelled, TC = Therapist cancelled) the number of missed appointments during the reporting period, with an explanation of circumstances.
2. **TYPE OF SESSIONS:** Indicate the type of session (I = Individual, F = Family, G = Group) for each appointment (more than one box may be checked).
3. **NUMBER OF SESSIONS:** Indicate the total number of times the client has been seen for counseling/day support per type of session since the service began.
4. Information provided in the remaining items must relate to each client listed in the appointment summary.
5. Include discussion of client's motivation and rapport with therapist, as appropriate.

D. ROUTING: The original is sent to the assigned ADCS Child Safety Specialist. The provider retains a copy.

E. RETENTION: A copy is retained in the case record until the record is destroyed.

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, call 602-255-2500; TTY/TDD Services: 7-1-1. • Free language assistance for Department services is available upon request.